Name in Full Thomas J. Artz, Certificate of Death

Died at Lydia Town Washington County MARYLAND

Date 189 Month March Day 23 | Age Y. 61 M. 2 D. 8 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Susan Carey

Father's Name Philip artz | Mother's Name 22a

Cause of Death { Primary Tuberculosis | Immediate Exhaustion | How long sick Seven years

~~Accident, Suicide, Homicide~~

Reported by D. M. Reichard M.D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full | Certificate of Death

Effie Myrtle Baker -

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month March Day 1st Age Y. 26 M. 5 D. 10 Native of Maryland Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife 57

Father's Name Fred K. A. Baker Mother's Name Sarah A Stutzman

Cause of Death: Primary Curvature of Spine & dis of heart, several years How long sick

Immediate valvular disease of heart ~~Accident, Suicide, Homicide~~

Reported by A H W Ragan M D

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full | Certificate of Death

Frances N. Ball

Died at Town: Boonsboro | County: Washington | MARYLAND

Date 1899 Month: Mar Day: 24 | Age Y.: 33 M.: 1. D.: 4 | Native of: Md | Occupation: Music Teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Joseph N. Ball 57 | Mother's Name: Margaret Wagner

Cause of Death: Primary: Valvular Disease of Heart | How long sick: 8 weeks

Immediate: Pulmonary Congestion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W. B. Wheeler and Son M. D.

Address: Boonsboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

William Henry Beard

Died at Town Cavetown County Washington Co MARYLAND

Date 1899 Month Mar Day 6 Age Y. 68 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Susan Roland

Father's Name Geo Beard Mother's Name Selome Beard

Cause of Death Primary 9 How long sick 2 Weeks

Immediate Griph Accident, Suicide, Homicide

Reported by M L Garver

Address Smithsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Wm. Riddlemoser

of Smithsburg

Seen by Coroner

of

Information contained in this certificate re-

ceived from Family

of

Name in Full | Certificate of Death

John Beaver

Died at Town: near Keep Pryst County: Washn MARYLAND

Date 189 9 Month 3 Day 18 | Age Y. 76 M. 6 D. 1 | Native of md | Occupation laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow Widower | Divorced

Number of children living 8

Husband / Wife of Mary Fields

Father's Name | Mother's Name

Cause of Death: Primary 44 | How long sick 3 days

Immediate Paralasis | Accident, Suicide, Homicide

Reported by [illegible]

OVER

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. No Doctor in attendance

of

Seen by Coroner

of

Information contained in this certificate received from Lee

of

Name in Full — Certificate of Death

Mrs Elizabeth Beeler

Died at Town: Rohrersville County: Wash. MARYLAND

Date 1899 Month: 3 Day: 29 Age Y.: 85 M.: 2 D.: 4 Native of: Maryland Occupation: housewife

Male ~~—~~ White Married Widow Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living: 3.

Husband ~~—~~ Wife: Samuel Beeler deceased

Father's Name: John Hupfer Mother's Name: Elizabeth Line

Cause of Death — Primary: Old Age — How long sick: 1 yr

Immediate: Weak Heart — ~~Accident Suicide Homicide~~

Reported by C. O. Baker Rohrersville Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEDER

Name in Full Chas. Bell

Certificate of Death

Died at Town Boonsboro County Washington MARYLAND

Date 189 Month 3 Day 24 | Age Y. 19 M. D. | Native of | Occupation

~~Male~~ / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single ~~Widow~~ / ~~Widower~~ ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Henry Bell

Mother's Name

Cause of Death: Primary Typhoid fever — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Boonsboro Journal 7-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70P9R

Rev. Mr. Barnum.

Name in Full — Certificate of Death

Elizabeth Brinham

Died at Town: Boonsboro County: Wash. — MARYLAND

Date 1899 Month: Mar Day: 3 | Age Y.: 82 M.: 1 D.: | Native of: Wash Co | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of: _____

Father's Name: John Brinham | Mother's Name: Mary Hanna

Cause of Death — Primary: Paralysis | How long sick: 44

Immediate | Accident, Suicide, Homicide

Reported by: Dr. L. L. Davis

Address: Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

John C. Brown

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: March Day: 14. Age Y.: 50. M.: 5. D.: 1 Native of: Virginia Occupation: Minister

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Dead.

Husband / Wife of Mary Brown

Father's Name Benjamin Brown Mother's Name Sarah Brown

Cause of Death: Primary Pulmonary Phthisis How long sick 2 1/2 yrs.

Immediate Asthenia 22a ~~Accident, Suicide, Homicide~~

Reported by Clara Eiley M.D.

Address 35 N. Potomac St. Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name In Full John Brown.

Certificate of Death

Died at Town Near Boonsboro. County Washington MARYLAND

Date 1899 Month March. Day 31st Age Y. 70 M. 11 D. 28 Native of Ohio. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5.

Husband of Wife Catherine Brown.

Father's Name Thomas Brown Mother's Name Can not find out.

Cause of Death Primary Mitral Regurgitation 57 How long sick ~~From~~ Jany. 11th to Mar. 31st

Immediate General Anasarca. ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Hubert Wade. M.D.

Address Boonsboro - [redacted] Wash. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full

Certificate of Death

Samuel Clark

Died at Town: Near Funkstown County: Washington MARYLAND

Date 1899. Month: Mar Day: 15 Age Y: 77 M.: 3 D.: 11 Native of: Virginia Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 15

Husband / Wife of Amand Jackson

Father's Name George Clark. Mother's Name — Bell

Cause of Death: Primary Apoplexy. 42 How long sick three days

Immediate Cerebral plugging -

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr F. S. Newcomer,

Address Funkstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full

Garlie Cochran

Certificate of Death

Died at Rohrersville (Town) Washington (County) MARYLAND

Date 189 4 Month 3 Day 5 — Age Y. 2 M. 2 D. — Native of Maryland — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — Widow Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of Wife

Father's Name James Cochran

Mother's Name Ida. Reeder Cochran

Cause of Death — Primary Grippe — Immediate meningitis

How long sick 2 mo

~~Accident Suicide Homicide~~

Reported by C. D. Baker

Address Rohrersville Washington Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full Mrs. Mary Coffman

Certificate of Death

Died at Town County Washington MARYLAND

Date 1899 Month 3 Day 21 Age Y. 55 M. D. Native of Occupation

~~Female~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife Henry Coffman

Father's Name — Mother's Name Miles

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

161

Reported by Williamsport Transcript 3-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79888

Name in Full: Mrs Coffman

Certificate of Death

Died at Town: Williamsport County: Was — MARYLAND

Date 1899 Month: Mar Day: 23 Age Y. M. D.: abt 60 Native of: Ma Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife: do not know

Father's Name: " " " Mother's Name: ditto

Cause of Death: Primary: Heart trouble — How long sick: 1 hour

Immediate: " failure — Accident, Suicide, Homicide

Reported by: Richard Houpt

Address: Williamsport Ma J. F. Kiefer Undertaker Mrs Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Richardson

of Wmspt Ma

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Susan Eigenbrode — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Mar 26 Day 23 Age Y. 74 M. 4 D. 20 Native of — Occupation Housework

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife

Father's Name — Mother's Name

Cause of Death: Primary Congestion of Lungs — How long sick 6 days

Immediate Apnea 74 — Accident, Suicide, Homicide

Reported by J. M. Scott

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Emanuel N. Frantz

Died at Town: Clear Spring County: Washington MARYLAND

Date 1899 Month: Mch. 30 Day | Age Y. 68. M. 6. D. 1 | Native of Md | Occupation Furniture

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband ~~Wife~~ of Mary Dorrance

Father's Name Henry Frantz Mother's Name Annie Sword

Cause of Death: Primary Diabetes 28 How long sick 4 weeks

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank. M.D.

Address Clear Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full — Certificate of Death

Geo. W French

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: March — Day: 4 — Age: Y. 79 M. 9 D. 13 — Native of: Maryland — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — ~~Divorced~~ — Number of children living: 2

Husband of Wife

Father's Name: Peter French — Mother's Name: Annie Margel

Cause of Death — Primary: Senility — 141 — How long sick: several hours

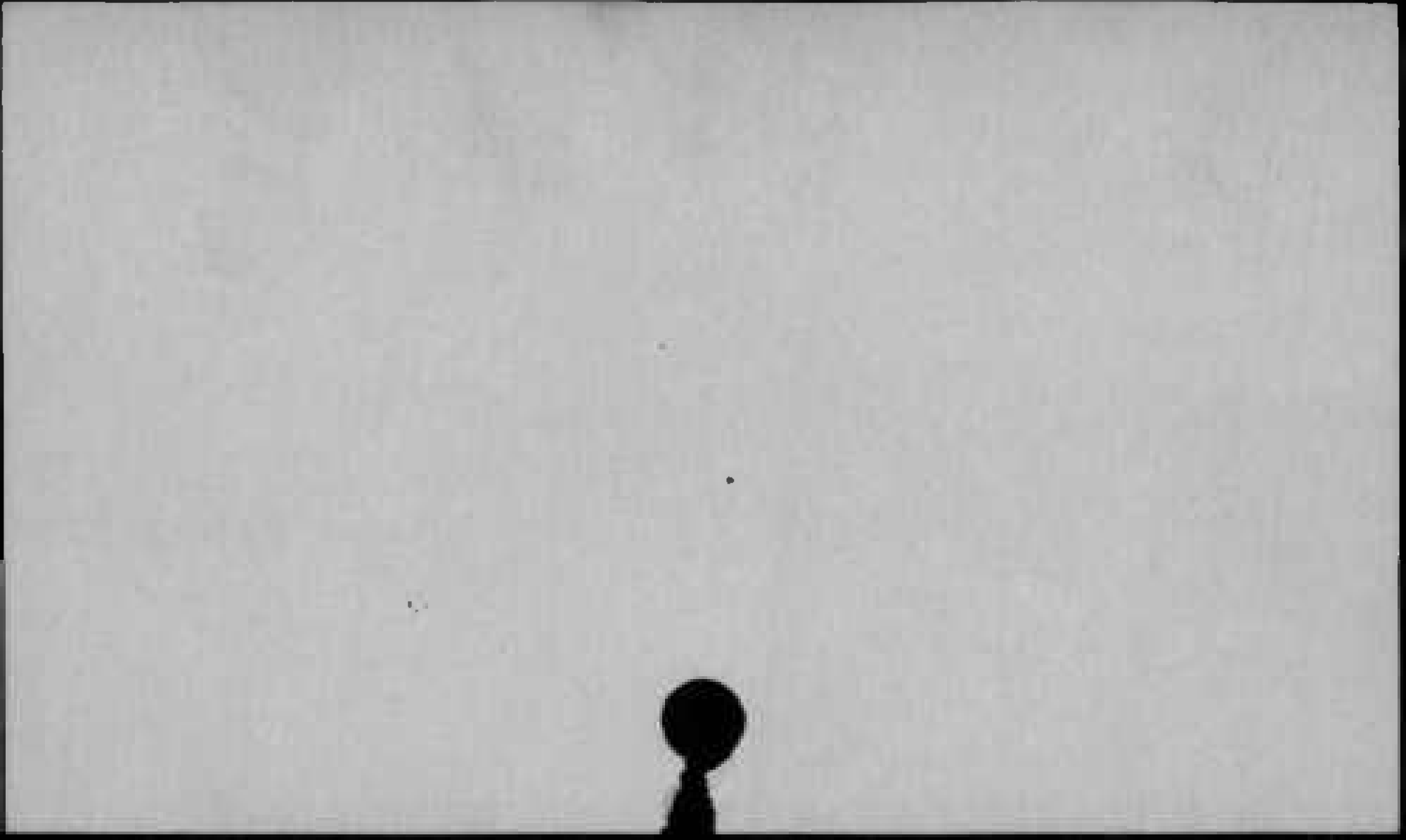
Immediate: Congestion Lungs — Accident, Suicide, Homicide

Reported by: A. P. Stouffer

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65F68



Name in Full Nettie Harman. Certificate of Death

Died at Town Dargan County Wash MARYLAND

Date 189 9 Month 3 Day 11 Age Y. 4 M. 6 D. Native of Md. Occupation —

~~Male~~ Female White ~~Colored~~ Married Single Widow Widower Divorced Number of ~~children living~~

Husband of Wife

Father's Name Augustus Harmon Mother's Name Jane Best

Cause of Death Primary Pneumonia 72 How long sick 2 weeks

Immediate Accident, Suicide, Homicide

Reported by C. D. Baker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55888

Name in Full | Certificate of Death

Harriet Harrison

Died at Town Pondsville County Washington MARYLAND

Date 1899 Month Mar Day 19 | Age Y. 63 M. D. | Native of Md | Occupation House Keeper

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living None

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name | Mother's Name

Cause of Death: Primary Dropsy 1550 | How long sick 3 mon

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Dr S. W. Innstot

Address Chewsville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Clara L Hoffman

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Mar Day 7 Age Y. 12 M. 7 D. 5 Native of Md Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm R Hoffman Mother's Name Sarah R Seidenstricker

Cause of Death Primary Meningitis 39a How long sick 2 days

Immediate Accident, Suicide, Homicide

Reported by E A Wareham M.D ~~[illegible]~~

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full George. Holmes

Certificate of Death

Died at Town Weverton County Washington MARYLAND

Date 1899 Month 3 Day 11 Age Y. 70 M. - D. - Native of Maryland Occupation Laborer

Male White ~~Married~~ Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband~~ ~~Wife~~ of ——— —

Father's Name David Holmes Mother's Name Catherine. Holmes

Cause of Death Primary Debility & bad Hygeine How long sick 2 months

Immediate Carbuncle 128 ~~Accident, Suicide, Homicide~~

Reported by J. T. Yountee. M.D.

Address Brownsville Wash Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Emma Horst

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month March Day 28th | Age Y. 27 M. 11 D. 19 | Native of Md. | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband Wife of ———

Father's Name John Horst

Mother's Name Elizabeth Horst

Cause of Death { Primary Asphyxia from Coal Gas

Immediate 15 0

How long sick 8 hours

Accident

~~Accident, Suicide, Homicide~~

Reported by N. C. Miller M. D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full | Certificate of Death

Forrest Hunter —

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month March Day 11th Age Y. 5 M. — D. — Native of Md — Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Clarence S. Hunter Mother's Name Annie Harrison

Cause of Death: Primary Cold — 72 How long sick one week

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by C. H. W. Ragan M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name In Full

Certificate of Death

Mary Elizabeth Kaufman

Died at Town Williamsport County Washington MARYLAND

Date 1899 Month Mar Day 21 Age Y. 52 M. 11 D. 26 Native of Maryland Occupation Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ ~~of~~ Wife Mr Kaufman

~~Father's~~ ~~Name~~ do not know ~~Mother's~~ ~~Name~~

Cause of Death

Primary Heart disease 5-7 OVER

Immediate " Failure

How long sick 1 hour

~~Accident, Suicide, Homicide~~

Reported by Dr W. S Richardson

Address Wmspt Was Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. J F Kuhn Mr

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

William Henry Leggett.

Died at Near Town Boonsboro County Washington MARYLAND

Date 189 9. Month March. Day 1st. Age Y. 52 M. 9 D. 18 Native of Wash. Co. Occupation Well digger.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4.

Husband of Wife Sarah Elizabeth Leggett.

Father's Name Robert Leggett Mother's Name Rebecca Leggett.

Cause of Death Primary Apoplexy. 42 How long sick 3 days.

Immediate Intracranial Hemorrhage ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. Hubert Wade. M.D.

Address Boonsboro. Washington, Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70678

Name in Full — Certificate of Death

Steven Girard Lightcap

Died at Town: Hagerstown County: Washington MARYLAND

Data 1899 Month: March Day: 9 Age Y.: 61 M.: 4 D.: – Native of: N. J. Occupation: Hotel Keeper

Mala ~~Female~~ Whita ~~Colored~~ Marriad ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Nancy E Wright

Father's Name Edward Lightcap Mother's Name Susan Root

Cause of Death: Primary Sclerosis of Liver — How long sick 3 weeks

Immediate Ascites 90 — Accident, Suicide, Homicide

Reported by H. K. Derr M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Jacob Loose

Died at Town Clarksburg County Washington MARYLAND

Date 1899 Month March Day 19 | Age Y. 36 M. 1 D. 26 | Native of Ohio | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name John Loose

Mother's Name Annie Huntzinger

Cause of Death: Primary Chronic Nephritis 97

How long sick 6 mos.

Immediate

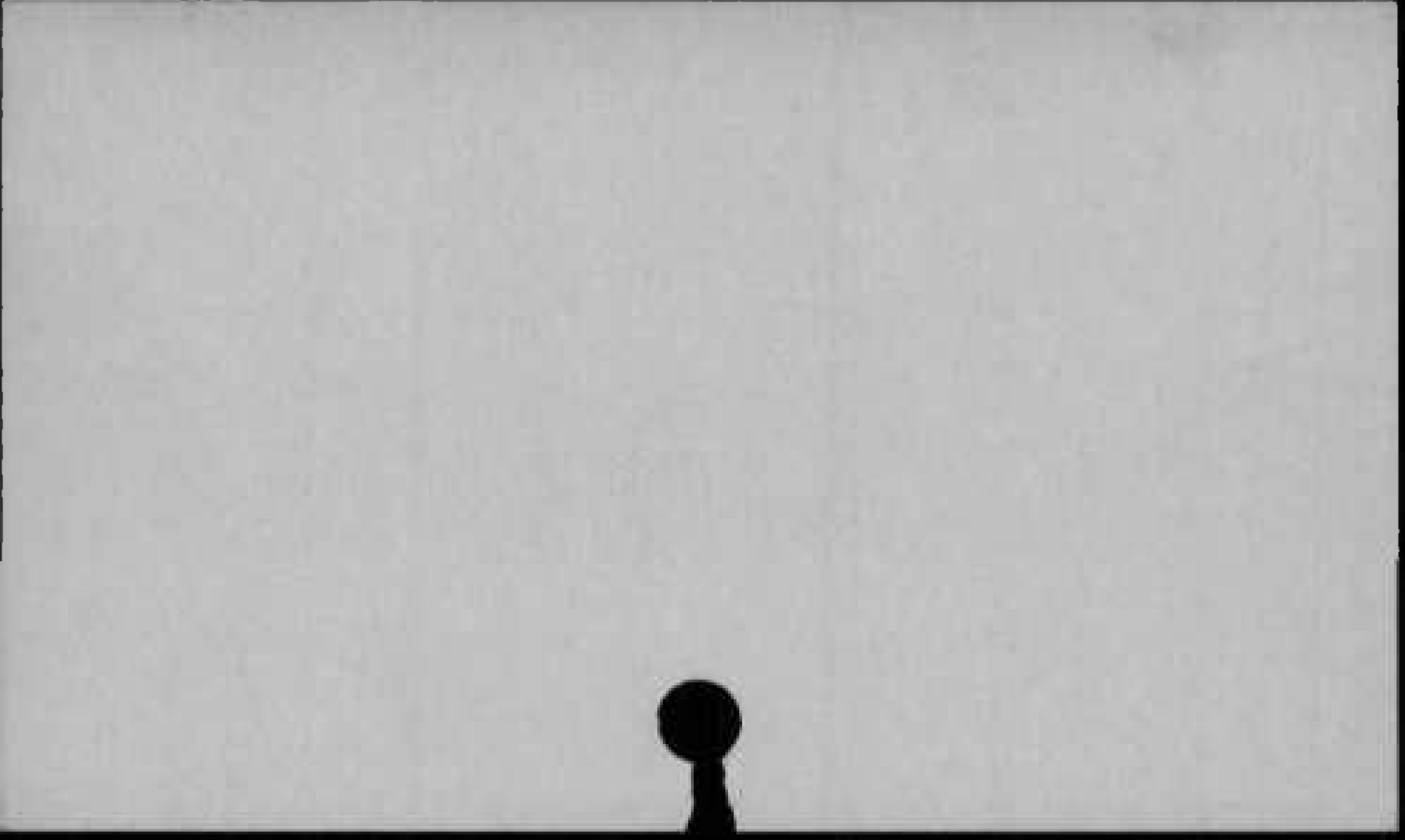
~~Accident, Suicide, Homicide~~

Reported by D. C. P. Miller M. D.

Address Mason & Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1908



Name In Full Charles Edward Martin

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 1900 Month 2 Day 19 | Age Y. 48 M. 6 D. 20 | Native of Md | Occupation Stone Mason

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living six

Husband of ~~Wife~~ Mary Elizabeth Martin

Father's Name John Martin | Mother's Name Catherine Martin

Cause of Death: Primary Dropsy 155a | How long sick 36 days

Immediate Heart failure | Accident, Suicide, Homicide

Reported by C. H. Keefe & Bro

Address Hancock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Received 2-21 1900

9.30 Am

Attended by
Dr Gomez

Name in Full

Certificate of Death

David C. Martin

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 3 Day 24 | Age Y. 84 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — Paralysis of Brain — How long sick 12 hours

Immediate — Apnea 44 — ~~Accident, Suicide, Homicide~~

Reported by W. H. Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Lethia Elizabeth Martin — Certificate of Death

Died at Town: Leitersburg — County: Washington — MARYLAND

Date 1899: Month 3, Day 11 — Age: Y. 64, M. 7, D. 9 — Native of: Md. — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 10

~~Husband~~ / Wife of Samuel Martin 25 c

Father's Name: Arthur Snider — Mother's Name: Mary Snider

Cause of Death — Primary: Cancer of Breast — How long sick: about 2 year

Immediate: General Debility — ~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full Ester Ann Miller

Certificate of Death

Died at Town Bretheds ville County Wash. MARYLAND

Date 1899 Month Mar. Day 11 Age Y. 67 M. — D. Native of Wash Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife ~~of~~ Andrew Miller

Father's Name Jno. Smith - Mother's Name Sarah Smith

Cause of Death Primary Influenza 9 How long sick Two Mos.

Immediate Paralysis Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address Boonsboro Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Amelia A. Mumma

Died at Town: Boonsboro | County: Washington | MARYLAND

Date 1899 Month: March Day: 22nd | Age Y. 78 M. 7. D. 2 | Native of: Md | Occupation:

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 1

~~Husband~~ Wife of Samuel Mumma

Father's Name: George Alter | Mother's Name: Catharine Hogmyer

Cause of Death: Primary: Old age — General debility | How long sick: 8 weeks

Immediate: 141 | ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by: W. B. Wheeler and Son M.D.

Address: Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Elizabeth Orcutt.

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 9 Month: Mar. Day: 7. Age Y. 9. M. 5. D. 7. Native of: Hag. Occupation:

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: William Orcutt Mother's Name: Myrtle Orcutt.

Cause of Death — Primary: Hepatitis 97 How long sick: 6 months

Immediate: Dropsy.

~~Accident, Suicide, Homicide~~

Reported by Clara Eisley M.D.

Address 35 N. Potomac St. Hag.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name In Full Catherine Rickard

Certificate of Death

Died at Town Keeptryste County Washington MARYLAND

Date 1899 Month Mar. Day 12 Age Y. 24 M. D. Native of Md. Occupation Housekeeper

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of Wm Rickard

Father's Name Geo. Bagley Mother's Name Mary Jane Bagley

Cause of Death Primary Pulmonary Tuberculosis How long sick one year

Immediate Heart Failure 22a Accident, Suicide, Homicide

Reported by B. B. Ranson

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

A N Rohrer

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: March Day: 15

Age Y. 39 M. 10 D. 7

Native of Md

Occupation Lawyer

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living

Husband of Wife: William Funk

Father's Name: ~~John Rohrer~~ John Rohrer

Mother's Name: Elizabeth Rohrer

Cause of Death — Primary: Abortion 119a

Immediate: Septicaemia

How long sick: 7 wks

Accident, Suicide, Homicide

Reported by: A P Hauber

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise ~~by~~ coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary E. Shafer

Certificate of Death

Died at Town Boonsboro County Wash. MARYLAND

Date 1899 Month Mar Day 23 Age Y. M. D. 69-10 Native of Fred. Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife Robt: L. Shafer

Father's Name James Chambers Mother's Name

Cause of Death Primary

Immediate Paralysis 44

How long sick Two years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. S. S. Davis

Address Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Wm M Keendree Steffey

Certificate of Death

Died at Town: Williamsport — County: Washington — MARYLAND

Date 1899 Month: Mar. Day: 12 | Age Y.: 38 M.: 6 D.: 7 | Native of: Md | Occupation: clerk

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband / Wife of Nellie Newcomer

Father's Name Ed P. Steffey | Mother's Name Elizabeth Conly

Cause of Death — Primary: Consumption 22a — How long sick: 2 years

Immediate — Accident, ~~Suicide~~, Homicide

Reported by Dr. W. S Richardson

Address Williamsport. Was. Co

VER OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. J F Kieffer MD

LIBRARY BUREAU, 70808

Attended by Dr. W.S. Richardson M.D.
of Williamsport Md.

~~Seen by Coroner~~ _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: Harry Washington Stinebaugh

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Mar. Day: 8 Age Y.: 8 M.: 0 D.: 7. Native of: Md Occupation: Child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife ✓

Father's Name: Wm H. Stinebaugh Mother's Name: Mary E. Lowman

Cause of Death: Primary: Rail Road 145d How long sick: Instant death

Immediate: Injury Accident, ~~Suicide, Homicide~~

Reported by: M. B. Morrison M.D.

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full: Arthur Howard Toyer

Certificate of Death

Died at: Town: Breathedsville County: Wash Co MARYLAND

Date 189 9 Month: Mar Day: 17 Age Y. 2 M. D. 21 Native of: Wash Co Occupation

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children living~~

~~Husband~~

Wife

Father's Name: James Toyer Mother's Name: Nellie M Steward

Cause of Death: Primary: General Tuberculosis How long sick: 5 Weeks

Immediate: Exhaustion 22 f ~~Accident, Suicide, Homicide~~

Reported by: V. M. Reichard M D

Address: Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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